

# **COMMONWEALTH OF KENTUCKY**

## **Department for Public Health**

### **Annual Report for 1996-97**

**Paul E. Patton, Governor**

**Rice C. Leach, M.D., Commissioner**

**Without health  
there is no happiness.  
An attention to health, then,  
should take the place of every other object.**

--Thomas Jefferson, 1787

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## COMMONWEALTH OF KENTUCKY

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## **PREFACE**

The Department for Public Health's (DPH) annual report for fiscal year 1996-97 highlights program achievements in section two. Section three addresses birth and death statistics, while section four contains fiscal information. Section five describes programs with section six providing an updated directory. We encourage the reader to offer suggestions on how to improve this report and to call the appropriate staff when questions arise.

While this report highlights the department's achievements, the reader should keep in mind that most of the public health workforce is in county health departments. Therefore, most of the work is at that level. The state and county health departments and their private sector partners should all be proud of the positive results reported herein. Kentucky's public health workers have made many positive contributions as they, and the private sector, work to promote health, protect against illness and injury, and render personal preventive services to all Kentuckians.

During FY 1997, the department undertook several significant initiatives. Working with several other agencies of state and county government, DPH provided first-class environmental health, public health nursing, immunization, and health education services to thousands of people during the March floods. More than 800 people, including Dr. Jarret Clinton, acting Surgeon General of the United States, attended the Governor's Conference on the Future of Public Health. That conference identified several key issues--community-based planning, community outreach, and analysis of the causes and prevention of diseases and injuries--as the long-term focus of public health. The department began a formal strategic planning process involving more than 2,500 Kentuckians from different backgrounds. When completed in 1998, it will be critical to directing specific plans, outreach, and information analysis as we enter the next century.

Planning for Medicaid partnerships required significant involvement by state and local health department staff. DPH assigned two key state staff members full-time to the Department for Medicaid Services to strengthen the links between public health outcomes and requirements for the partnerships. District and local public health department leadership worked with state public health and Medicaid staff to notify parents of the Early Periodic Screening, Detection, and Treatment (EPSDT) services available for children. State and local staff also worked closely with the partnerships on public health issues.

In the late spring state staff completed work on reorganizing the Department for Public Health with the expectation of approval in the fall of 1997. This reorganization will increase the need for teamwork and productivity. Envisioned outcomes include shared information and information systems, reduced duplication of services, and strengthened relationships with the local health departments. The plan reintroduces Public Health Nursing and in so doing takes us back to the future. The department again clearly establishes the essential fundamentals envisioned by Dr. J. N. McCormack when the Kentucky General Assembly created the board of health in 1878--"sanitation, birth and death monitoring, laboratory, and public health nursing."

Rice C. Leach, M.D.,  
Commissioner

# ONE

## DEPARTMENT OVERVIEW

**"We are in business to help Kentuckians be well."**

The Department for Public Health (DPH) is the only agency in Kentucky responsible for developing and operating all public health programs for the citizens of the Commonwealth. KRS 194.030 created DPH to "develop and operate all programs of the cabinet that provide health services and all programs for the prevention, detection, care, and treatment of physical disability, illness, and disease."

In keeping with the statute, DPH has followed the lead of the Committee for the Study of the Future of Public Health and endorsed their mission statement for public health.

**The mission of the Kentucky Cabinet for Health Services is the fulfillment of society's interest in assuring the conditions in which people can be healthy.**

In fiscal year 1996-97, DPH operated on a \$165,561,948 budget with 64.12 percent of its funding coming from federal dollars. One of three departments in the Cabinet for Health Services, DPH employs 390 persons divided among six divisions described below:

- The **Division of State and Local Health Administration** develops and oversees DPH's budget and local health departments' fiscal planning and their administrative and management practices. The division accounts for all vital records in the state and provides administrative support to 4,350 employees in local health departments in all 120 counties of the Commonwealth.
- The **Division of Health Systems Development** gives DPH data support and develops primary care and emergency medical services.
- The **Division of Epidemiology** supervises disease surveillance, investigation, prevention, health promotion, and the control of chronic and communicable diseases.
- The **Division of Maternal and Child Health (MCH)** promotes the health of mothers and children by developing systems of care and by providing health and nutrition services to needy women, infants, and children.
- The **Division of Laboratory Services** provides analytical and quality control services to health department programs and reference services to laboratories.
- The **Division of Environmental Health and Community Safety** assures that we are protected from unsafe consumer products, unnecessary radiation exposure, misuse of controlled substances, unsanitary milk, adulterated and misbranded food, unsanitary public facilities, and malfunctioning sewage systems.

## New Initiatives

In FY 1997 the department continued to operate under its new name of the Department for Public Health (DPH). An executive order was signed in December 1996 that split the Cabinet for Human Resources (CHR) into the **Cabinet for Health Services** and the **Cabinet for Families and Children**. The division of CHR included the reassignment of the Division of Disability Determinations to the Cabinet for Families and Children, Department for Social Insurance at the end of FY 1996. The former Department for Health Services was renamed the **Department for Public Health (DPH)**. The 1998 General Assembly will act upon the executive order.

The department undertook major management initiatives to meet the rapidly changing environment in which we operate:

Senate Bill 343 reassigned the responsibility for Health Data and Health Planning to the Department for Public Health and assigned the Certificate of Need authority to the Cabinet for Health Services.

Strengthened community-based planning at the district and local health department level has stimulated increased collaboration between the state and local departments. This cooperative planning was evident in both program and budget presentations before legislative committees and in planning for Medicaid partnerships for managed care.

The Medicaid waiver approved in October 1995 enabled the state to establish practice partnerships for administering Medicaid through capitated managed care. Public health departments' involvement is a requirement of the waiver. The first two Medicaid managed care partnerships--region three in the Louisville area and region five in the Lexington area--became operational, bringing managed care to reality for the Medicaid population.

EMPOWER KENTUCKY continues in its efforts to streamline state government to achieve savings and improved efficiency. EMPOWER'S emphasis will be on technology.

The Governor's Conference on the Future of Public Health provided a forum for Kentuckians to discuss their views on public health. The conference was in response to public health practitioners, legislators, and others who felt that a formal "brainstorming" session would serve Kentucky.

Formal strategic planning for public health addressed the lack of understanding and awareness of public health's role in Kentucky. The department took steps to create a planning process for a strategic plan to give focus and direction to public health. This plan incorporates views of the wide range of health care professionals, policy makers, regulated industries, and others who consider themselves stakeholders on public health issues.

In March 1996 the DPH began a major effort to reengineer the department with a goal of reorganization in place by July 1, 1997. The new DPH will respond to changes in business practices, clients' expectations, and other external factors. This process has involved dozens of staff members working on several teams.

In September 1995 the department hired a consulting firm to develop a strategic plan for the information systems. The plan included a system review, a definition of requirements, a description of the electronic and nonelectronic information and process flows, and the integration of all systems. When completed, the department's information system will deliver improved service and data reporting and analysis.

The Department for Public Health takes very seriously its responsibility for maintaining a high level of quality in the services that affect the health of every citizen in the Commonwealth every day. This report describes those programs in DPH and highlights the 1997 fiscal year, which ended June 30, 1997.



## TWO

### PROGRAM ACHIEVEMENTS

#### Division of State and Local Health Administration

The **Division of State and Local Health Administration** develops and oversees the DPH budget and local health departments' fiscal planning and their administrative and management practices. It accounts for all vital records in the state and provides administrative support to employees in local health departments in all 120 counties of the Commonwealth.

The **Local Budget and Fiscal Planning Branch** developed paper-less, combined program planning and budgeting procedures for all health departments.

In the **Home Care Administrative Branch** (formerly the Home Health Program), 15,514 patients received 882,494 medical home health visits, and 2,551 patients received 438,115 units of Medicaid home and community-based services.

In calendar year 1996 **Vital Statistics** registered the following documents:

- 51,043 birth certificates,
- 36,637 death certificates,
- 44,479 marriage certificates, and
- 21,415 divorce and annulment certificates.

The branch issued 369,428 copies of certified certificates with \$2,567,331 in fees collected. Processing time improved from three to four weeks in 1988, to one to two weeks in 1996.

From July 1, 1996 through June 30, 1997, the **Training and Development Branch** processed 589 requests for training by staff of the DPH. Of these requests 42 were for training at the Governmental Services Center (GSC), 174 for training at the Department of Information Systems (DIS), 28 for tuition assistance, 44 for outside training, and 272 for training from the Emory University Regional Training Center. In December 1996, the branch surveyed staff in the DPH and health departments to set priorities for Emory for FY 1998.

Approximately 15 courses will be available for public health personnel upon allocation of federal funds to Emory.

The branch promoted distance learning by adding 49 videotapes of satellite conferences to its library and by establishing an audio cassette library of 48 audio tapes. Statewide satellite video conferences enabled health department staff to gain continuing education credits.

The branch continues to coordinate state and local training and to allow for better planning by distributing a monthly training calendar that lists the video and audio tape holdings. The branch edits and distributes a monthly newsletter, *The Local Health Link*, to health departments and central offices. The training calendar and newsletter have been added to the department's home page on the Internet. The branch worked with the DPH's divisions and a planning committee of state and local staff to conduct one series of four regional conferences during the fiscal year. Each conference lasted two days with approximately 200 staff members attending each event.

## **Division of Health Systems Development**

The **Division of Health Systems Development** gives DPH data support and develops primary care and emergency medical services. The **Policy Analysis Branch** produces the "Kentucky State Health Plan." It provides information about the health status of Kentuckians, the cost and delivery arrangements of health care, and the criteria for the Certificate of Need.

After the Certificate of Need program was transferred to the Health Policy Board, the **Health Data Branch** changed the focus of its activities. Expanding upon its vital statistics reporting function, the branch began to provide community health assessment data support to local health departments. Besides the "Annual Vital Statistics Report," the branch published a new report entitled "Data to Support the Assessment Protocol for Excellence in Public Health in Kentucky." It is the first of a series of reports aimed at providing county-level health status data for community assessment and planning.

The **Emergency Medical Services (EMS) Branch** held 89 emergency medical technician (EMT) classes, with 1,400 new EMTs certified. The branch conducted twenty-nine first-responder classes, with 319 individuals receiving their initial certification. Fiscal year 1996-97 was the first full year of the EMS program's assuming administrative responsibility for the Kentucky Board of Medical Licensure's paramedic program. During the year the branch approved 14 paramedic courses, certifying 105 new paramedics. EMS was responsible for overseeing the training, certification, and practice of 13,770 EMTs, 2,240 first responders, 248 EMT instructors, and 1,200 paramedics. These individuals work in ambulance services, underground coal mines, educational institutions, and in other industrial settings.

The EMS branch distributed \$1,669,899 in state funds to cities, counties, and ambulance taxing districts to maintain, improve, and expand emergency medical services. These funds included \$239,489 in grants to maintain adequately trained personnel, \$1,080,000 in grants for the purchase of ambulances, and \$350,410 in grants for the purchase of basic and advanced life support medical equipment, and rescue equipment.

The central office staff and regional EMS advisors provided significant technical assistance to local government officials, health care providers, and regional planning groups for improving, expanding, and coordinating emergency medical services at the local and regional level. During the 1994 General Assembly, legislation transferred responsibility for ambulance service licensing and regulation, and paramedic training and certification to EMS. In addition, the legislation defines the requirements for EMS and trauma care systems, and directs the program to plan, establish, and evaluate such systems across the Commonwealth.

The **Primary Care Branch's** three staff members administer federal grants and state programs aimed at recruiting and retaining primary health care providers. The branch oversees two federal programs focused on primary care provider access in underserved areas. The Community Scholarship Program gives scholarships to students of family practice medicine, nurse midwifery, and physician assistance. There have been 22 students funded from state, federal, and local community monies. The branch is also the recipient of a Federal Cooperative Agreement Grant and administers the federal loan repayment program through the National Health Service Corps. The branch works with the University of Kentucky's Center for Rural Health on a statewide primary health care plan. A key focus is the health professional shortage areas within the state.

## **Division of Epidemiology**

The **Division of Epidemiology** supervises disease surveillance, investigation, prevention, health promotion, and the control of chronic and communicable diseases.

The **Tuberculosis (TB) Program** tested and treated 126,890 persons for TB, examined 4,670 persons who had contact with a TB patient, and reported 233 new cases of TB. Kentucky Revised Statutes, KRS 215, the Tuberculosis Control Act, was revised during the regular 1996 session of the General Assembly to strengthen the ability of the Department for Public Health (DPH) and local health departments to respond to cases of active TB and recalcitrant TB patients.

The administrative regulation relating to TB (902 KAR 2:090) was subsequently amended to carry out revisions made to the TB Control Law (KRS Chapter 215) by the 1996 legislature. The amendment will enable the Department for Public Health to more effectively control TB.

The **Immunization Program** administered 860,000 doses of vaccines to an estimated 360,000 persons. Data recently released by the Centers for Disease Control and Prevention (CDC) show that 79 percent of Kentucky's two-year-olds have their required immunizations. This percent places the Commonwealth twenty-second among states, 1 percent above the national average and a 16 percent improvement since 1989. Because of the floods that occurred this year, some 30,000 more adults received tetanus-diphtheria boosters than in previous years. Chicken pox vaccine was added to the available immunizations this year.

The **Sexually Transmitted Disease (STD) Program** screened approximately 100,000 persons for gonorrhea and chlamydia. Of the total STDs reported in FY 96-97 were 4,294 cases of gonorrhea, 6,572 cases of chlamydia, 427 cases of syphilis, and 2,309 cases of other STDs. Staff conducted 321 interviews with patients infected with early syphilis resulting in 93 persons identified with disease and 188 others provided with preventive treatment.

Within the **HIV/AIDS Program**, HIV tests conducted in counseling and testing sites numbered 32,152, a 6 percent increase from the previous year. Of those individuals tested, 157 were positive. The surveillance staff completed 358 HIV case reports and 410 AIDS case reports. Staff reviewed 371 courses for continuing professional education on HIV and sent lists of approved HIV/AIDS courses to 5,375 individuals. The Targeted HIV Prevention Program reached 16,171 individuals, while the CDC-funded HIV Prevention Program reached 27,196 persons. The HIV care coordinators served 1,451 clients during the year. There were 360 low-income HIV-infected individuals receiving assistance in purchasing medication; 150 persons who were helped in maintaining insurance coverage; 1,451 clients who were helped with primary care, mental health, substance abuse, and other federally-approved programs. Additionally, a total of 5,638 support services, such as assistance with housing, utilities, and nutrition were provided from state funds.

The **Adult Health Branch** provided financial and technical assistance that enabled local health departments to provide the following:

- 16,470 adult health preventive clinical visits;
- 12,510 visits related to breast or cervical cancer;
- 24,048 Pap tests;
- 10,704 mammograms through contracts with local providers;
- 27,466 visits related to cardiovascular disease; and
- 11,333 visits related to diabetes.

Health educators provided 8,910 programs to 278,936 participants, while the 18 adult health teams taught 1,286 group patient classes to 25,996 participants and 170 professional education programs to 2,797 participants.

The **Surveillance and Investigation Program** received 21,890 case reports of notifiable diseases, provided 1,164 consultations to public and private agencies and individuals, and investigated five outbreaks.

The **Behavioral Risk Factor Surveillance Survey Program** interviewed by telephone approximately 3,600 households to collect data on and to monitor prevalence of health risk factors that contribute to disability and premature death of Kentuckians.

Topics in *Epidemiologic Notes and Reports* for the year included immunizations, HIV/AIDS, hepatitis B, tuberculosis, influenza, disease outbreaks, cancer, rabies, disease surveillance summaries, sexually transmitted diseases, emerging infectious diseases, unintentional injury, and lifestyle indicators from the Behavioral Risk Factor Surveillance Survey.

The **Injury Epidemiology Program** collaborated with the University of Kentucky to maintain the Kentucky Injury Prevention and Research Center at the University. This center collects injury surveillance data and is the only public health injury prevention program in Kentucky. The center collects information and develops interventions for farm-related injuries, occupational injuries and deaths, ambulance runs, motor vehicle injuries, and hospital emergency room visits attributed to injuries.

## **Division of Maternal and Child Health**

The Division of Maternal and Child Health promotes the health of mothers and children by developing systems of care and by providing health and nutrition services to needy women, infants, and children throughout the Commonwealth. MCH provided family planning services to 119,823 persons in FY 1997.

In the **Maternal and Neonatal Program**, 44,226 women received prenatal care. All infants of comprehensive care patients received newborn assessments and were referred for well-child services. There were 151 families who received infant grief counseling though services were offered to 230 families. Infant deaths in 1996 totaled 385.

In a continuing effort to improve the health of babies and mothers in Kentucky, preconceptional screening and counseling is now available to any woman of childbearing age. The program gave preconceptional screening and counseling to 34,138 women.

Although not yet available statewide, the division started the Resource Persons Project during 1992 in 34 counties and expanded it to 91 counties beginning July 1996. The project involved non-medical interventions by para-professionals who made home visits to more than 8,054 pregnant and parenting teens. It is anticipated that in FY 1997 the increased focus on teens may further decrease infant mortality or low birth weight, improve parenting skills of teens, and reduce repeat pregnancies in the teen population.

MCH gave funds to 23 district and county health departments so they could collaborate with 270 schools on two teen pregnancy prevention curricula. "Postponing Sexual Involvement" and "Reducing the Risk" reached more than 143,500 students. In addition, the division funded media campaigns, a teen theater troupe, a pregnancy prevention clinic, and an after-school teen center.

The **Pediatric Services Program** provided the following:

- 53,200 children received preventive health care services.
- 563 infants with positive or inconclusive results for PKU, galactosemia, congenital hypothyroidism and sickle cell were referred to university diagnostic centers; four children were placed on treatment for PKU, 14 placed on treatment for congenital hypothyroidism, and one for galactosemia. Ten children were identified with sickle cell; 1,202 cases of special formulas for PKU were provided free or at a reduced cost.

- 2,606 children received diagnosis and early intervention service for chronic illness or developmental delay through First Steps, Kentucky's Early Intervention System. This secondary prevention system coordinates the efforts of 285 agencies through 15 offices using an up-to-date computerized data collection system developed with the University of Louisville. This allows both research and service data to be accurate and quickly available.
- 1,560 individuals received genetic testing, counseling and education;
- 205 people from across the nation were trained in lead poisoning prevention program management.
- 43,725 children were screened for lead poisoning and 246 were confirmed as having lead levels above 20 ug/dL.
- More than 4,000 infant and toddler car safety seats were provided.
- More than 30 communities received Kentucky SAFE-KIDS injury prevention coalition building services.

The **Dental Program** served Kentuckians in the following ways:

- Fluoridated community water systems served 91 percent of the state's population.
- The Rural School Fluoridation Program served 10,632 students.
- The Fluoride Mouth Rinse Program served 46,400 children in grades one through six.
- 4,500 preschool children received fluoride supplements.
- 6,200 children in grades K-6 received dental health education; and 8,570 persons received oral hygiene counseling and information through WIC, Well Child Clinics, Health Fairs, and Family Resource Youth Services Centers.

The **Health Nutrition Program** provided 48,131 nutritional counseling services to 25,732 unduplicated patients in health departments.

The **Women, Infants, and Children Program (WIC)** provided nutrition education and food instruments for purchasing nutritional foods monthly to an average of 29,599 infants, 15,897 pregnant women, 1,825 breast-feeding women, 10,719 postpartum women, and 64,731 children under the age of five. WIC provided approximately \$65 million in food instruments in FY 1997 to participants .

## **Division of Laboratory Services**

The Division of Laboratory Services provides analytical and quality control services to health department programs and reference services to laboratories in the state. The labs have performed 336,572 testing procedures on specimens submitted from throughout the state and have completed the Maternal HIV Sero-prevalence study.

In the **Microbiology Branch** supervisors of the **Bacteriology/Parasitology, Serology, and Virology/FA Sections** are enrolled in the Kentucky Certified Public Manager Program. Some staff have been reclassified to a higher level to better reflect their job descriptions. Staff participated in technical teleconferences to further increase their training. The **Bacteriology/Parasitology Section** supervisors also participated in the Water Technician's Workshop in Bowling Green, which resulted in a change in the water testing method.

There have been a number of changes in methods and procedures. The TB laboratory started identifying *Mycobacteria* isolates by HPLC. Use of HPLC is more definitive and decreases turnaround. The water laboratory changed methodology for bacteriological testing of water samples to the MMO-MUG method, resulting in savings in cost per test and a shorter turnaround. The Virology/FA Section began the upgrade of viral serology testing procedures to the more sensitive method of EIA: a. Varicella IgG (1/97) b. Measles IgG (5/97). Adopting EIA advances the laboratory towards a uniform viral serology method which will better serve our clients. The serology section evaluated three different methodologies for rubella IgM. Projected date for patient testing is November 1997. This test method will be valuable in identifying active cases of rubella.

Laboratory tours and training are an important public service. All sections provided clinical laboratory rotation experience for Kentucky Tech students. Groups touring the lab included students and laboratory staff from the Texas State Lab in September of 1996, and Ukrainian visitors in October of 1996. The bacteriology laboratory provided training in Gram staining for staff of the Louisville/Jefferson County Health Department laboratory.

The **Technical & Administrative Services Branch's** staff have served as chief technical consultants for the local health department CLIA certificates. The branch developed and presented a QA/QC Workshop at three locations in the state where most participants expressed their intention to update and expand their QA programs because of having attended the workshop. This QA program has been designated as "the best in the state" by CLIA surveyors.

The **Administrative Services Section** has performed demographic data entry for 294,703 specimens and assembled and mailed 107,405 laboratory reports. Based on one month's data projected over one year, staff have fielded over 6,000 telephone inquiries about test results and the additional information necessary for testing specimens and reporting results. Staff have performed over 4,000 follow-ups on abnormal newborn screening results through telephone calls and more than 12,000 letters to parents and physicians. The administrative staff have processed 1,704 purchase requests for payment authorizations and responded to hundreds of requests for information relating to pending orders. Staff have maintained inventory of 661 different supply items used within the division and have tracked expenditures by logging all purchases and salaries by cost code to provide expedient budgetary information.

In dealing with local health department activities, the **Laboratory Improvement Section** has coordinated activities of 259 sites participating on the CLIA certificate, including the following:

- a meeting with 50 attendees in which CLIA certification, lab safety, glucose, and urine pregnancy testing were discussed.
- Staff compiled data and made renewal application to the Health Care Financing Administration for both CLIA certificates. These two staff members provided 97 on-site consultations to local health departments participating on the multiple site certificate for CLIA 88, monitored quality assurance activities at all sites including review of patient charts and QC logs for compliance with CLIA 88. One on-site visit was made to complete quality assurance requirements at a moderate site without a local technical consultant.
- Six laboratory testing procedures were written or revised for the local health department "Standard Operating Procedures Manual." Two technicians provided over 525 phone consultations concerning laboratory testing performed in the local health departments.
- Two method validation survey challenges were provided to all participants on the multiple-sites certificates to monitor performance in the categories of Group A Strep, urine pregnancy testing, cholesterol screening, glucose, hemoglobin, hematocrit, INH metabolites, and gram stain.
- Maintained enrollment in a HCFA-approved proficiency testing program for five local health department laboratory sites representing the multiple sites certificate.
- Made five on-site visits to assure understanding of the paperwork and specimen handling associated with PT participation when sites experienced staff changes. Monitored PT results and provided follow-up on any unsatisfactory results. In consultation with the Diabetes Program secured a new price contract for standardized glucose screening in local health departments and assisted in development of the training program to be used with the local health departments. Laboratory training and safety activities include providing 12 in-house fluorescence microscopy consultations to assure staff capability and proper microscope functioning.
- Administered a prenatal licensure program for 60 laboratories performing prenatal syphilis serology testing.
- Revised three lab submission forms.
- Facilitated 21 trainings.

The **Biochemistry Section** identified 10 infants as positive for phenylketonuria, four as positive for galactosemia, 25 as having hemoglobin abnormalities, and referred 338 infants for further evaluation of thyroid gland function. In addition, the laboratory assumed responsibility for therapeutic drug monitoring in support of the cabinet's facilities.



The **Radiation/Environmental Monitoring Section** conducts a statewide environmental monitoring program. The section annually conducts approximately 19,000 environmental analyses and quality control checks for radiation in all media. To determine the impacts of ionizing radiation on health, safety, and the environment, the Radiation/Environmental Monitoring Section analyzes samples from and next to the defunct Maxey Flats Low-Level Nuclear Waste Disposal Site and the Paducah Gaseous Diffusion Plant. The laboratory also conducts analyses for naturally occurring radioactive materials in the state.

The **Toxicology Section** highlights include:

- Basic toxicology training for 38 coroners.
- A new GCMS on-line to increase productivity.
- Connection of the Laboratory Information Management System to the Local Health Network for electronic reporting of laboratory reports.

## **Division of Environmental Health and Community Safety**

The **Division of Environmental Health and Community Safety** makes sure that Kentuckians are protected from unsafe consumer products, unnecessary radiation exposure, misuse of controlled substances, unsanitary milk, adulterated and misbranded food, unsanitary public facilities, and malfunctioning sewage systems.

The division office has worked on several initiatives to reduce layers of regulation and improve the health protection of Kentucky's citizens.

The division office is proceeding with the simplified regulatory access component of EMPOWER Kentucky. This component's goals are to streamline the regulatory process and improve the protection of the public's health through new technology and procedures.

The division is currently working toward entering into a memorandum of agreement with the U.S. E.P.A. Underground Injection Control Program to reduce regulatory duplication. Recently the E.P.A. began requiring permits for septic systems that serve 20 or more persons. This is in addition to the state's permit program the division has administered for the past 15 years. To eliminate this duplication, it is anticipated that an agreement will be reached that would allow acceptance of the division's permitting program by the E.P.A. The goal is to allow the regulated community to have "one stop shopping" for the permits needed to install a new septic system.

The division has also been working with the state Department for Environmental Protection in overseeing the remediation of the naturally occurring radioactive material from the Martha Oil Field in Lawrence and Johnson counties. Many tons of contaminated soil have been removed from the former wellhead and have been placed in a temporary containment cell.

The division is beginning a new initiative with the Department for Environmental Protection, Division of Water. This initiative has the goal of developing a memorandum of agreement that would authorize local health departments to approve spray irrigation sewage disposal systems. If successful this initiative would allow the regulated community easier access to the spray irrigation option. It would also give additional oversight to the local departments to assure that proper sanitary conditions are maintained.

The division was instrumental in coordinating the recovery response to the flooding that occurred in March 1997. The office recruited additional staff, and provided supplies and technical guidance for those health departments requesting state assistance. Assistance was provided to all affected counties. Staff helped in the disposal of adulterated food, drugs, and alcohol. Supplies provided included rubber gloves, dust masks, hand-held radios, and well sanitation kits. Technical assistance included documents on flood cleanup hazards, proper sanitization of flooded household items and of flooded water wells, proper disposal of dead animals, and treatment of peeling lead paint hazards.

The **Radiation Producing Machines, Radiation Health, and Toxic Agents Sections** conducted inspections of 1,025 facilities with 2,288 radiation tubes, 35 federal performance evaluations, and all certified mammography facilities. The Radiation Health and Toxic Agents Section entered into a new cost-reimbursement contract with the U.S. Food and Drug Administration to continue annual inspection of all mammography facilities. The Radioactive Material Section, Radiation Health, and Toxic Agents Branch, conducted inspections of 117 radioactive material licensees. The Radiation/Environmental Monitoring Section, Division of Laboratory Services, conducted 7,812 environmental surveillance and 10,139 quality control analyses to support the activities of the Radiation Health and Toxic Agents Branch.

The Radiation Control Program and the Superfund Branch, Department for Environmental Protection, Natural Resources and Environmental Protection Cabinet have conducted reviews of the documents for the initial remediation of the Maxey Flats Disposal Site. There is an agreement with the University of Kentucky to assist in the review and evaluation of the initial remedial phase design documents for the site.

The Radiation Control Program continues its activities under a grant from the U.S. Department of Energy (DOE) to address radiation health, safety, and environmental issues at the Paducah Gaseous Diffusion Plant. The program has assisted the DOE in a number of sampling and remedial efforts at the Paducah plant. The Radiation Program continues its efforts to assist the DOE in the ongoing evaluation and remediation of the facility. A five-year report on the program's efforts at Paducah will be prepared in FY 1997.

The **Drug Enforcement Branch** conducted 26 surveillance and monitoring inspections, investigated 681 complaints, issued 17 licenses to distributors, and destroyed 58,143 doses of expired legal drugs.

The **Milk Safety Program** conducted 10,645 inspections of 3,430 dairies, processing plants, receiving/transfer stations, samplers, haulers, trucks, and distributors. There were 2,363,907 pounds of Grade "A" milk diverted for manufacturing purposes, 830,309 pounds of milk destroyed due to substandard quality, and 3,428,568 pounds of milk destroyed due to the Drug Residue Testing Program. Also, 33,184 samples were collected, 62 surveys/check ratings conducted, 3,048 first notices issued, 2,051 notices of intent to suspend, 738 permits were suspended, and there were 708 reinstatements. A total of 64 hearings were conducted, and a total of 138 plans approved.

#### The **Environmental Management Program**

- issued 17,177 permits,
- conducted 17,555 site evaluations and 1,032 enforcements;
- provided 105,743 service/activity functions and 127 classes with 202 attendees;
- approved 478 product components and 121 component manufacturers in the onsite sewage program areas.

The sanitation program had responsibility for 6,457 establishments/permits; issued 31,785 enforcement actions; provided 104,774 service/activity functions; and 311 classes for 2,190 attendees. In the educational activities for the environmentalists, 271 attended the workshops.

Consumer product safety included 24 injury investigations of unsafe products. There were 2,246 pieces of safety information disbursed to agencies, consumer groups, and private consumers; six press releases, four articles, and 12 news media interviews, and five exhibits at health and safety conferences and four presentations and workshops. Holiday safety program efforts were conducted in cooperation with the Federal Consumer Product Safety Commission.

The **Food Safety Branch** issued 24,149 permits; provided 75,776 services with inspections and investigations totaling 54,367; destroyed 443,109 pounds of adulterated food; collected 376 samples; trained 19 new local health department environmentalists; standardized eight retail food specialists; and trained 12 environmentalists for the state fair's food operations

The branch routinely receives consumer complaints or inquiries relating to foods, drugs, and cosmetics that have been consumed or purchased. Consumer complaints range from concern over retail food stores, food service establishments, salvage food establishments, schools, nursing homes, hospitals, boarding homes and tattoo parlors. Typically, the Food Safety Branch receives approximately ten complaints or inquiries per month, or approximately 120 per fiscal year.

During the fiscal year 1996-97, 28 consumer complaints were forwarded to this branch by the Food and Drug Administration. These complaints were associated with food style products manufactured in Kentucky. All complaints were investigated and closed.

The Food Safety Branch routinely receives food-drug-cosmetic product recall information. If the recalled product was manufactured or distributed in Kentucky, a recall alert is sent to all local health departments advising them of the situation. During the fiscal year 1996-97, approximately 25 recalls relating to foods-drugs-cosmetics were announced and monitored by the branch.

The **Food Safety Branch** participated in the flooding disaster during the 1996-97 fiscal year. With the division office, the branch coordinated staff response; volunteers; supply acquisition; news releases; and distribution of vaccine, gloves, masks, and water disinfectants. The branch also placed technical consultants in the field to assess flooding situations and to assist local environmentalists in most all affected areas of Kentucky. The branch also helped revise the current "Disaster Response and Recovery Plan."

The Food Safety Branch conducted a week-long intensive Food Core Training to approximately 20 new public health environmentalists during the 1996-97 fiscal year. Each year the branch uses the Kentucky State Fair as a training ground for new environmentalists. This year the branch trained 12 environmentalists. Throughout the year the branch provides training and standardization (to ensure continued competence) to new and experienced food inspectors. This fiscal year approximately 40 individuals have received field training by this branch. New and experienced food manufacturing staff receive semiannual training courses as well as field maintenance training. The branch provided training to five separate consumer/industry groups on starting a business in the food safety and food manufacturing realm.

### THREE

## BIRTH AND DEATH STATISTICS IN KENTUCKY

**Table I. Resident Live Births by Age of Mother -- 1996**

| Age of Mother      | Number of Live Births | % of Live Births | % Change from 1995 |
|--------------------|-----------------------|------------------|--------------------|
| Under 15 Years     | 179                   | 0.34%            | -3.76%             |
| 15 to 19 Years     | 8,759                 | 16.68%           | -0.39%             |
| 20 to 24 Years     | 15,579                | 29.67%           | -2.31%             |
| 25 to 29 Years     | 14,360                | 27.35%           | 4.84%              |
| 30 to 34 Years     | 9,415                 | 17.93%           | -0.58%             |
| 35 to 39 Years     | 3,602                 | 6.86%            | 6.95%              |
| 40 to 44 Years     | 559                   | 1.06%            | 0.90%              |
| 45 Years and Older | 31                    | 0.06%            | 47.62%             |
| Unknown            | 25                    | 0.05%            | 38.89%             |
| <b>TOTAL</b>       | <b>52,509</b>         | <b>100.00%</b>   | <b>0.87%</b>       |

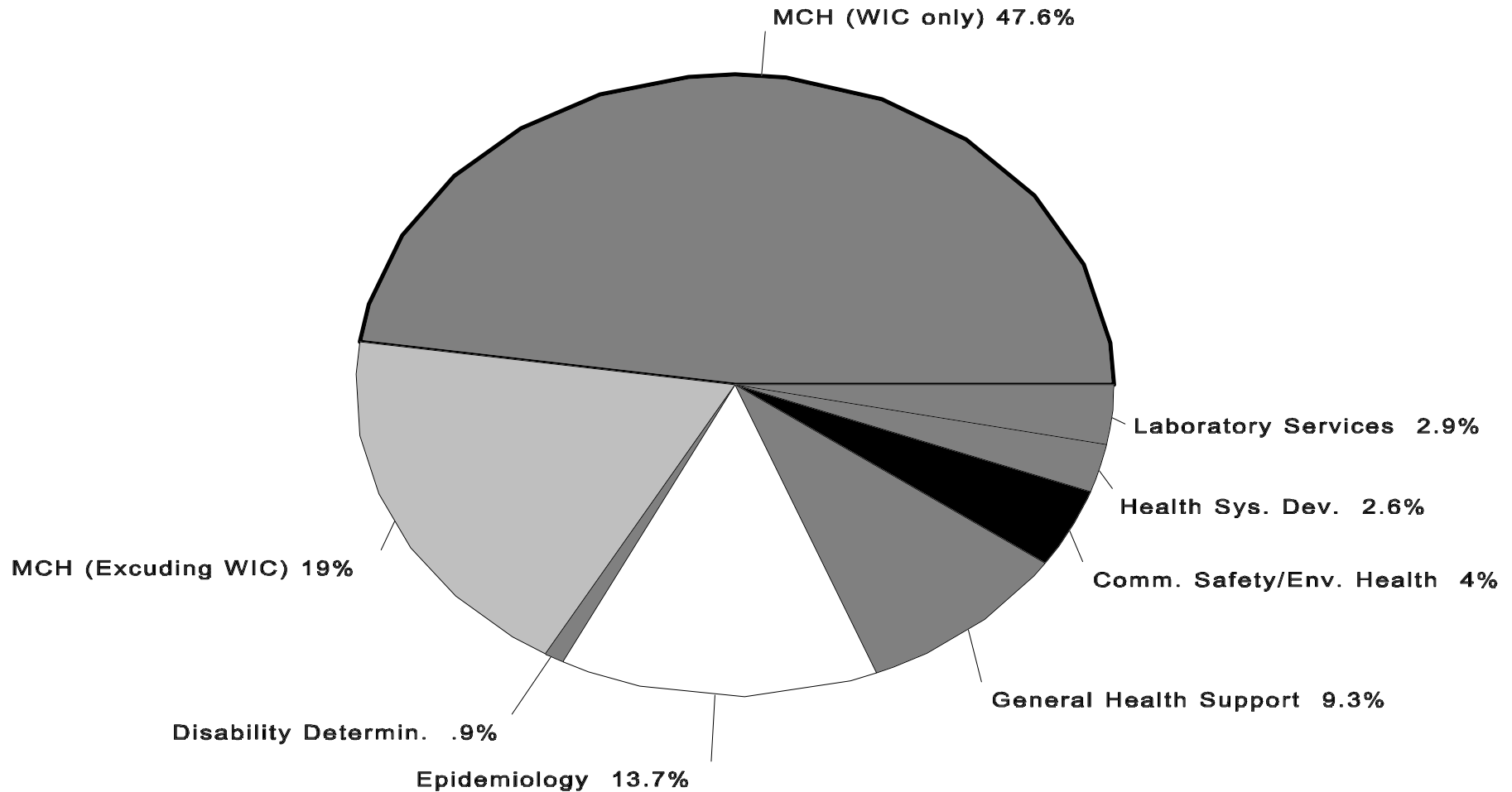
**Table II. Resident Deaths by Cause of Death -- 1996**

| <b>Cause of Death</b>                        | <b>Number of Deaths</b> | <b>% of Deaths</b> |
|--|-------------------------|--------------------|
| Heart Disease                                | 11,801                  | 31.73%             |
| Malignant Neoplasm                           | 9,060                   | 24.36%             |
| Cerebrovascular Disease                      | 2,639                   | 7.10%              |
| Accidents                                    | 1,693                   | 4.55%              |
| Influenza and Pneumonia                      | 1,350                   | 3.63%              |
| Diabetes Mellitus                            | 939                     | 2.52%              |
| Suicide                                      | 498                     | 1.34%              |
| Nephritis and Nephrosis                      | 547                     | 1.47%              |
| Disease of Arteries, Arterioles& Capillaries | 445                     | 1.20%              |
| Septicemia                                   | 414                     | 1.11%              |
| All Other Causes                             | 7,807                   | 20.99%             |
| <b>TOTAL</b>                                 | <b>37,193</b>           | <b>100.00%</b>     |

Sources: 1996 Vital Statistics Birth and Death Files

# ACTUAL FINANCIAL ACTIVITY BY DIVISION

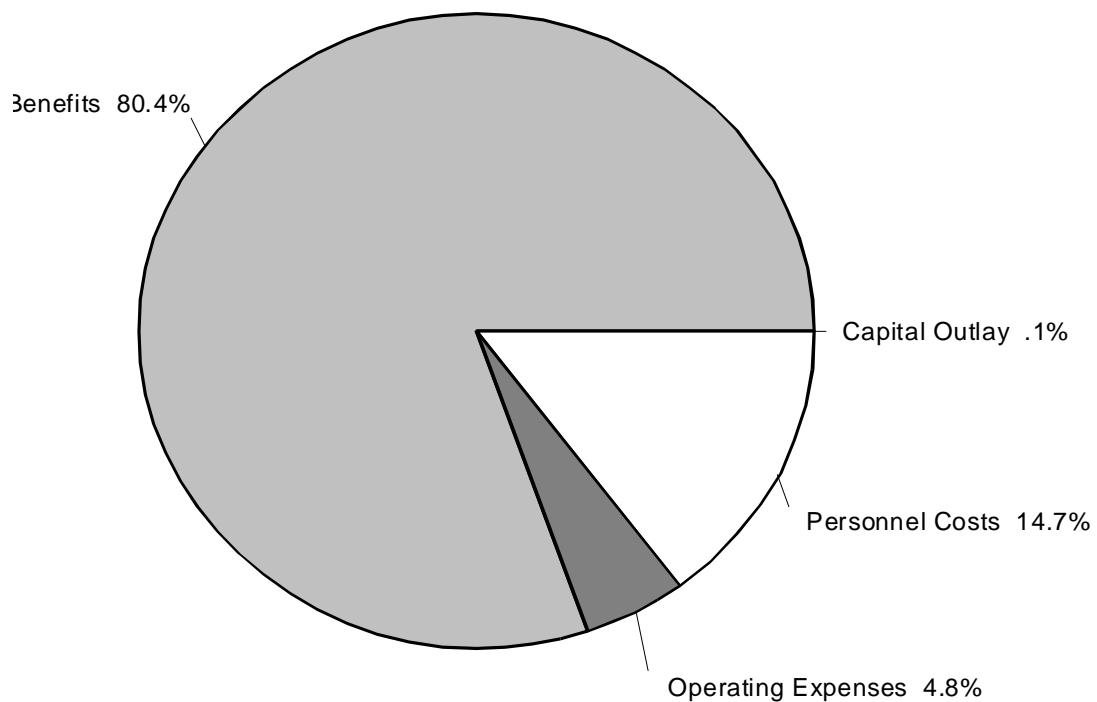
FY 1996-97



**\$165,561,948**

# SOURCES AND EXPENDITURES OF FUNDS FY 1996-97

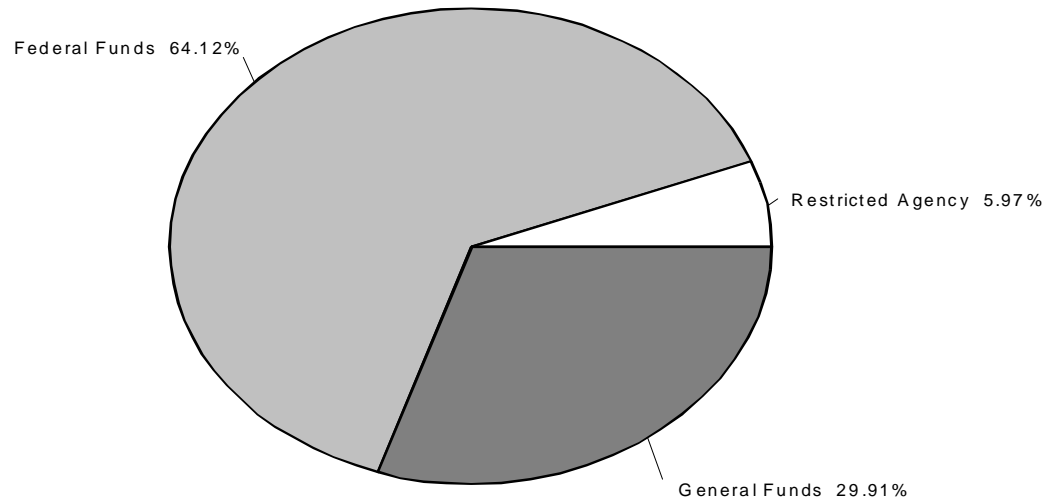
**\$165,561,948**



**Expenditures**



# Sources



**Actual Sources and Expenditures of Funds by Division  
FY 1996-1997**

| Division                                | Division Totals       | <u>SOURCES OF FUNDS</u> |                        |                       |
|---|-----------------------|-------------------------|------------------------|-----------------------|
|   |                       | General Funds           | Restricted Agency Fund | Federal Funds         |
| General Health Support                  | 15,355,766<br>9.27%   | 10,601,028<br>69.04%    | 4,089,366<br>26.63%    | 665,373<br>4.33%      |
| Health Systems Development              | 4,330,921<br>2.62%    | 4,083,654<br>94.29%     | 105,769<br>2.44%       | 141,498<br>3.27%      |
| Epidemiology                            | 22,612,156<br>13.66%  | 11,438,396<br>50.59%    | 216,500<br>.96%        | 10,957,260<br>48.46%  |
| Disability Determinations               | 1,488,557<br>.90%     | 0<br>0.0%               | 0<br>0.0%              | 1,488,557<br>100%     |
| Maternal & Child Health                 | 110,256,864<br>66.6%  | 18,080,622<br>16.4%     | 31,915<br>.03%         | 92,144,327<br>83.57%  |
| Laboratory Services                     | 4,750,736<br>2.87%    | 3,529,800<br>74.3%      | 1,064,517<br>22.41%    | 156,418<br>3.29%      |
| Community Safety & Environmental Health | 6,766,948<br>4.09%    | 1,785,300<br>26.38%     | 4,383,005<br>64.77%    | 598,643<br>8.85%      |
| <b>TOTAL</b><br>% of Funds/Expend.      | 165,561,948<br>100.0% | 49,518,800<br>29.91%    | 9,891,072<br>5.97%     | 106,152,076<br>64.12% |

| Division                                | EXPENDITURES        |                    |                           |                 |
|---|---------------------|--------------------|---------------------------|-----------------|
|   | Personnel           | Operating Expenses | Grants/Loans/<br>Benefits | Capital Outlay  |
| General Health Support                  | 6,934,244<br>45%    | 990,185<br>6%      | 7,423,113<br>48%          | 8,224<br>1%     |
| Health Systems Development              | 2,004,107<br>46%    | 300,795<br>7%      | 2,026,019<br>47%          | 0<br>0.0%       |
| Epidemiology                            | 3,637,101<br>16%    | 2,166,899<br>9.6%  | 16,779,522<br>74%         | 28,634<br>0.4%  |
| Disability Determinations               | 1,169,608<br>79%    | 34,430<br>2%       | 284,519<br>19%            | 0<br>0%         |
| Maternal & Child Health                 | 4,414,921<br>4%     | 1,454,225<br>1%    | 104,378,891<br>94.9%      | 8,827<br>0.1%   |
| Laboratory Services                     | 2,439,377<br>52%    | 2,223,575<br>46%   | 0<br>0%                   | 87,784<br>2%    |
| Community Safety & Environmental Health | 3,760,206<br>56%    | 793,092<br>11%     | 2,172,679<br>32%          | 40,971<br>2%    |
| <b>TOTAL</b><br>% of Funds/Expend.      | 24,359,564<br>14.7% | 7,963,201<br>4.8%  | 133,064,743<br>80.4%      | 174,440<br>0.1% |

## **FIVE**

### **PROGRAM DESCRIPTIONS**

#### **Commissioner's Office**

The commissioner's office is responsible for the general management, oversight, and policy-making of the Department for Public Health (DPH). It advises the heads of major agencies in state government on policies, plans, and programs relating to public health, including actions necessary to safeguard the health of the citizens of the Commonwealth. The commissioner serves as chief medical officer of the Commonwealth. Additional roles of the commissioner's office include health care reform, strategic planning, and enhancement of local health departments.

The office coordinates legislation and regulations among the six divisions and between the department and other agencies of state government. This involves reviewing pending legislation for departmental impact, responding to requests from the General Assembly, coordinating presentations before committees, and maintaining communication on legislative issues. The staff also coordinates the department's activities in promulgating regulations and making appointments to various boards and councils.

The commissioner's office staff provides DPH's divisions with expertise in the legislative process, such as proposed bill review and administrative regulation development and interpretation; statistical analyses relating to program evaluation; and computer systems assistance and programming. The office is also the focal point for distance learning through satellite technology, video courses, and audio conferences.

The director of nursing provides professional consultation, support, and technical assistance to the DPH commissioner, executive staff, state and local health department administrators, and approximately 1,000 nurses practicing in local health departments. She also directs the operation of nurse-managed employee health centers in Frankfort that support direct care, blood pressure monitoring, health education, and HIV/AIDS and CPR classes for state employees. She is also the department's principal nurse consultant to the cabinet, universities, and community-at-large.

The information systems manager provides the planning, operation, evaluation, and management of all information systems within the department. A team is responsible for building an information infrastructure for the public health community. The information systems staff is responsible for strategic and long-range planning for enterprise-level technology, daily operations of local and wide area network, security and distribution of information policy, and development of a public health data model.

## **Division of State and Local Health Administration**

### **State Budget and Fiscal Planning Branch**

The State Budget and Fiscal Planning Branch prepares DPH's biennial and annual operating budget for executive and legislative branch review. The branch conducts financial analyses by preparing monthly and quarterly revenue and expenditure projections, monitoring the department's cash flow, and serving as financial consultants to the department's programs.

The branch also acts as financial and budgetary liaison with the executive and legislative branches of state government.

### **Administrative Branch**

The Administrative Branch handles all non-budget-related administrative duties within the division and the department. The branch provides administrative support for contracts and block grants; manages the vaccine depot; reviews the *Federal Register*; manages the employees' suggestion system; serves as the collection point for the department's cash receipts; maintains physician and facility directors' insurance; maintains the upkeep of the building and surplus property; and coordinates the Equal Employment Opportunity (EEO), the statewide disaster plan, and the Americans with Disabilities Act (ADA).

### **Local Budget and Fiscal Planning Branch**

The Local Budget and Fiscal Planning Branch oversees the finances and the allocation of funds to health departments. The branch establishes regulations for local fiscal operations, operates accounting functions for 23 health departments, operates the patient services billing and accounts receivable system and develops uniform budgeting procedures for 51 health departments, monitors the financial performance and status and compiles the Medicaid Preventive Health Services Cost Report for 53 health departments, supervises the operation of 107 public health taxing districts, reviews the audits of health departments, operates the review and approval system for more than 1,500 contracts of health departments, and supervises the Grant Authorization and Payment system for health departments.

### **Home Care Administrative Branch**

The Home Health Program administers home-based programs operated through the local health departments to reduce the number of Kentuckians requiring institutionalization. The program provides consultative, technical, educational, and professional assistance to direct care and administrative staff in health departments to assure quality health and health-related services, while maximizing agency third party reimbursement.

## **Vital Statistics Branch**

The Vital Statistics Branch collects, preserves, and protects certificates for all births, deaths, marriages, divorces, and induced terminations of pregnancies and issues certified copies. The branch records and provides for each person born in Kentucky a means of establishing legal identity, age, parentage, and nationality. It also makes available a legal document of the date, place, and cause of every death occurring in the state, and provides a central repository for records of certain other vital events. Finally it augments and supports the planning, management, and evaluation of human resources programs and other agencies through the collection and analysis of vital statistics data.

Local registrars and their deputies in each county health department, acute care facilities, most larger long term care facilities, and all funeral homes and coroners assist in the preparation and filing of certificates. County health departments may issue verification of births.

The **Certification Section** collects and accounts for all fees received for certified copies of birth, death, marriage, and divorce certificates. The section researches the locations of birth records and issues a certified copy to the individual making the request. The Fee Control Unit, the Microfilm Unit, and the Certification Unit are organized under the section.

The **Registration Section** registers all vital records (births, deaths, marriages, and divorces), provides certification of deaths, registers new baby birth certificates, makes amendments to birth certificates, and safekeeps all volumes of certificates. The Nosology Unit, the Death Unit, the Vault Unit, and the Amendment Unit are organized under this section.

The **Field Staff Section** acts as the liaison between Vital Records and all reporting facilities in the state. The section assures expedited service, resolves problems, answers questions about the filing of vital records, monitors reporting facilities, and trains personnel on vital statistics requirements.

## **Local Program Support Branch**

The Local Program Support Branch strengthens and enhances the operation of local health departments through administrative support systems. The branch maintains an automated patient and service reporting system that tracked 6,299,496 services to 774,776 patients in FY 1997. Additionally, the branch helps in maintaining a statewide on-line computer network with at least one site in each of Kentucky's 120 counties. The branch maintains a formal set of local health policies that includes administrative and operating standards and coordinates and assists in selective administrative reviews of health departments. The branch also maintains the local health network's HELP DESK that provides assistance to local health

departments on the network, network applications, and in troubleshooting computer problems.

The **Clinical Systems Support Section** provides technical assistance and consultation to local health departments on medical records standards. On-site consultation and record review assure adherence to these standards. Other responsibilities include the following:

- Development and refinement of integrated patient records and develops generic forms for all programs.
- Technical assistance to health departments on patient intake, registration, patient flow, and coding of services.
- Responses to special data requests from health departments and DPH's staff, HELP DESK back-up, and development of departmental publications available to local health departments and the public.
- Interpretation of public health laws and local health policies for health departments and boards of health.
- Procurement and repair of network hardware and upgrade and enhancement of the local health information network.

The **Environmental Systems Support Section** provides technical and administrative support to the local health departments and DPH's divisions on the service reporting and financial aspects of environmental health programs administered by local health departments. The section collects environmental revenues, issues permits for the environmental programs, and provides training to health departments' environmental personnel. In the past year, the section reviewed and evaluated local health departments' environmental fee accounts and assessed compliance with inspection frequencies set by environmental health law and regulation.

### **Local Health Merit System Branch**

The Local Health Merit System Branch operates and maintains a separate personnel program for 50 local health departments and their 4,350 employees. The branch acts for a five-member Merit System Local Health Department Employment Personnel Council and recommends changes in the compensation and classification plan. The branch helps health departments recruit qualified employees by reviewing applications; administering and grading examinations; processing personnel appointments, salary adjustments, reclassifications, and promotions; and maintaining master personnel records and a register of applicants.

### **Training and Development Branch**

The Training and Development Branch ensures that the DPH and health departments provide appropriate, high-quality training. In delivering this mission, the branch conducts periodic training needs assessments; maintains a training calendar; coordinates training programs, workshops, courses, seminars and conferences of the DPH and health departments; serves as

the DPH's coordinator with other agencies for training; ensures that standards are developed and that training is monitored and evaluated; serves as a training "knowledge broker" for the DPH and the health departments in identifying internal and external resources and matching these with training needs; and works with planning groups to develop and maintain a core curriculum of training for public health.

## **Division of Health Systems Development**

### **Health Data Branch**

The Health Data Branch collects and distributes information that supports health assessment and planning. The branch compiles data at the county level on health status indicators, demographic trends, and related socioeconomic factors. Local health departments and other agencies use the data to assess the health problems and needs of their communities. In addition, the branch provides data to support the development of DPH's strategic health improvement plan. In 1981 the branch was designated as Kentucky's State Center for Health Statistics and, as such, produces annual reports on vital and health statistics upon request. In addition to publishing the "Annual Vital Statistics Report," the branch is developing a new series of reports on county health status indicators.

### **Primary Care Branch**

The Primary Care Branch works with federal, state, and local agencies to develop and track primary health care professional recruitment and retention. The branch is responsible for developing United States Public Health Service Cooperative Agreement initiatives, and other federal grant initiatives such as the Community Scholarship Program that provides loan repayments for health care professionals from underserved areas of Kentucky. The branch also develops and monitors National Health Service Corps Recruitment Programs. The goal of the branch is to continue expansion of health professional recruitment and retention. Recruitment efforts have increased the number of foreign medical graduates brought in through the "Conrad State-20" J-1 Visa program. In 1995 the branch placed 20 primary care foreign medical graduates in health professional shortage areas and in 1996, placed 17.

### **Emergency Medical Services Branch**

The Emergency Medical Services (EMS) Branch develops and coordinates a statewide system to ensure that victims of accidents and serious illness receive prompt and adequate prehospital emergency medical care. The branch provides assistance to other state agencies, local governments, and EMS providers for improving local EMS services. The branch develops educational programs to improve public awareness of EMS systems and administers a matching grant program for financial assistance to local governments for purchasing



ambulances and required equipment. The branch develops, approves, implements, and evaluates basic educational preparation for EMTs, EMT first responders, and EMT instructors, and develops additional educational programs. The branch tests, certifies, and collects certification fees from approximately 14,000 EMTs, 2,000 EMT first responders, and 1,200 paramedics. The branch licenses, regulates, and inspects 288 ambulance services that operate 1,013 ground and air ambulances. It also investigates complaints and collects and analyzes EMS data.

## **Health Policy Analysis**

The Health Policy and Analysis Branch provides public and private sectors with timely and accurate information on the cost, quality, and outcomes of health services; conducts research and analysis on health policy development; and supports the exchange of a statewide health information system.

## **Division of Epidemiology**

The Division of Epidemiology is responsible for assessing the occurrence and risk factors for preventable diseases and injuries in the Commonwealth; for developing policy related to the prevention of disease; and for assuring the provision of public health services, primarily, though not exclusively, through local health departments, aimed at promoting healthy lifestyles and at preventing and controlling diseases. The disease entities include communicable infections; chronic diseases with public health intervention strategies, namely heart disease, stroke, diabetes, breast, cervical, and lung cancers; and other diseases and injuries which lifestyle modification can prevent.

The division covers these responsibilities through four branches: Communicable Disease, HIV/AIDS, Adult Health Branch, and Surveillance and Investigation.

## **Communicable Disease Branch**

The Communicable Disease Branch tries to eliminate, reduce, and control certain communicable diseases. Local health departments provide direct care while the central office provides training, educational materials, technical and financial assistance, and program planning and evaluation.

The **Tuberculosis (TB) Control Section** works to reduce the number of cases and deaths due to tuberculosis. The primary focus is to prevent non-infected individuals from becoming infected, to keep those infected *without* active disease from progressing to disease, and to render infected individuals *with* disease noninfectious. The branch adopts regulations for TB control, provides outpatient care for TB patients, maintains a central register of all TB cases in the state, establishes a method to assure that financial support is available for treatment,

provides training and educational material for health professionals and the public regarding TB and its control, and initiates special TB control programs in cooperation with federal, state, and local agencies. In cooperation with local health departments, the section accomplishes the surveillance and containment of TB.

The **Immunization Section** strives to prevent morbidity and mortality caused by vaccine-preventable disease. To that end, the section provides health departments with vaccines against diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella, mumps, chicken pox, hepatitis B, and *Haemophilus influenzae* type b. This past year 652,605 vaccine doses were administered to an estimated 310,000 Kentuckians, primarily to children from birth to five years of age and to beginning 6th graders. Anyone, regardless of sex, age, race, or economic status, may receive these vaccines in local health departments. More than 210,000 additional doses were provided to physicians, community health centers and other agencies, mainly for children on Medicaid or without health insurance. The section oversees vaccine procurement, conducts disease surveillance and control, makes assessments of the target population, and conducts quality assurance reviews of facilities receiving state vaccines.

The **Sexually Transmitted Disease (STD) Section** seeks to reduce the occurrence and prevent the transmission and debilitating complications of STDs. Priority is given to persons diagnosed or exposed to early syphilis or to Human Immunodeficiency Virus (HIV). The section also places a high priority on the prevention of congenital syphilis infection in neonates.

The program recognizes that women and the children they bear are often at high risk of the serious aftereffects of sexually transmitted disease infection. Thus STD conducts a statewide screening program for gonorrhea and chlamydia infection in family planning, prenatal, sexually transmitted disease and cancer detection clinics operated by local health departments.

Other services include educational materials, training for clinicians, program planning and evaluation, technical consultation, and antibiotics for therapeutic and prophylactic treatment of patients. The section also furnishes test kits used for gonorrhea and chlamydia testing for patients attending STD clinics.

The STD Section has a staff of 20, which includes 15 disease intervention specialists assigned throughout the state. Duties of the specialists include interviews, investigations, and follow-up services of high-priority cases and outbreaks.

### **HIV/AIDS Branch**

The HIV/AIDS Branch assesses the current and future impact of HIV in Kentucky and provides HIV prevention education to those at risk for infection and to licensed professionals providing interventions. Further, the branch provides services to persons with HIV infection or advanced HIV disease.

**HIV Counseling and Testing** offers anonymous and confidential HIV antibody testing free of charge in all 120 Kentucky counties through local health departments. Some counties also provide these services to inmates of local jails or prisons.

**HIV/AIDS Surveillance** is charged with acquiring, recording, and reporting HIV and AIDS cases diagnosed in Kentucky. Reports are received from hospitals, outpatient clinics, health departments, clinical laboratories, and private physicians. AIDS cases are reported by name, while HIV cases are reported by initials only. Using software provided by the CDC, the epidemiologist compiles these reports into a statewide data base. The HIV/AIDS Surveillance Section also prepares monthly statistical reports on the incidence of HIV and AIDS which are mailed to more than 600 recipients. A surveillance technician and project coordinator in Frankfort staff the section, while a surveillance nurse consultant is responsible for Jefferson County and its six surrounding counties.

**HIV/AIDS Prevention** consists of three programs: the Continuing Professional Education Program, the HIV-Prevention Community Planning Group Process and the Targeted HIV-Prevention Program. The Continuing Professional Education Program reviews HIV courses for the criteria specified in KRS 214.620 and KRS 214.615.

In 1997, the structure of the HIV-prevention community planning groups (CPGs) changed, uniting three regional groups into one statewide unit. The restructuring has reduced costs (which can then be used for interventions rather than for meetings) and has ensured a more unified approach to the statewide distribution of funding and other resources. The CPGs are composed of health department staff; community-based organizations; specialists in social and psychological services, epidemiology, and education; and high-risk populations--men who have sex with men, gay men of color, African-Americans, injecting drug users, youths at risk, and women at risk. These community professionals and representatives promote the effectiveness of the CPGs.

The CPGs conduct needs assessments of existing HIV-prevention efforts, analyze current and projected epidemiological data, and create intervention strategies to reduce the risk of HIV transmission for at-risk populations. These interventions include empowerment workshops, focus groups, one-on-one outreach for specific populations, and condom distribution. Prevention specialists for men who have sex with men, gay men of color, African-Americans, injecting drug users and youth at risk coordinate activities for those target groups.

Through the Targeted HIV-Prevention Program, five health departments work with the CPGs and receive grants to target high-risk individuals not reached by CPG programs.

**HIV/AIDS Services** contains five programs that provide HIV-related services: the HIV Care Coordinator Program, the Kentucky AIDS Drug Assistance Program, the HIV Health Insurance Assistance Program, the Outpatient Health Care and Support Services Program, and the HIV Care Consortia Program.

The HIV Care Coordinator Program is a statewide case management network formed specifically to provide information, advocacy, support, counseling, and referral services to HIV-infected individuals. The program employs 12 case managers based in six state regions to link HIV+ clients with health and human services for which they are eligible.

The Kentucky AIDS Drug Assistance Program (KADAP) helps low-income HIV+ individuals who have no other medication payment source in purchasing up to 18 HIV-related medications, plus a separate program for four protease inhibitors. The HIV Health Insurance Assistance Program helps with premium payments for individuals at risk of losing existing coverage. The Outpatient Health Care and Support Services Program assists clients with physical and mental health services, substance abuse treatment, benefits advocacy, and other approved services. Finally, the HIV Care Consortia Program funds gaps in support services not covered by federal funding, such as payments for housing. Eligibility for participation in these programs is based on Kentucky residency, medical status, lack of other payment sources such as Medicaid, and income adjusted for family size.

### **Adult Health Branch**

The Adult Health Branch takes a preventive approach to chronic diseases such as breast, cervical, and lung cancers; cardiovascular disease; and diabetes and its complications. These prevention efforts include health education and promotion of a healthy lifestyle including nutrition, exercise, weight control, smoking prevention and cessation, hypertension prevention and control, lipid and glycemic control, and the importance of regular health examinations.

A staff of 19 health professionals provides support and technical assistance. Local health departments carry out the Adult Health Branch's mission using the following means:

- assessment of local needs,
- community-based health promotion and health education,
- breast and cervical cancer screening,
- clinical services for persons at risk for or already having cardiovascular disease or diabetes,
- professional education for health department and private sector health professionals, and
- efforts to facilitate care and services for the underserved.

## **Surveillance and Investigation Branch**

The Surveillance and Investigation Branch collects, tabulates, analyzes, and maintains an automated register of all legally mandated disease reports from practicing physicians, hospitals, laboratories, and local health departments. The data provide a sound epidemiologic base for departmental decision making in disease control and health promotion. Data are linked to the national level through the CDC's National Electronic Surveillance System. The branch publishes disease data, along with other timely health care information in 12 monthly issues of *Epidemiologic Notes and Reports* and distributes them to health care providers in Kentucky. The branch conducts epidemiologic studies on disease distribution, prevention and control problems, and provides technical consultations to private physicians, local health departments and many other individuals and organizations in the state.

The Behavioral Risk Factor Surveillance Survey is an ongoing statewide telephone survey of adults to learn about their lifestyles and health risk factors.

The state public health veterinarian provides the overall management of **Veterinary Public Health** for the Commonwealth. The veterinarian consults with health professionals regarding zoonotic diseases and other animal or human-related issues that have public health significance.

**Injury Prevention** includes four programs. The Kentucky Injury Prevention and Research Center (KIPRC) was opened at the University of Kentucky in FY 1996 as a joint project between the Surveillance and Investigation Branch and the University of Kentucky. A Surveillance and Investigation Branch staff member was named as the director of the center. KIPRC carries out injury prevention and control programs and enhances and expands research, education and training in injury prevention. KIPRC's objectives include surveillance, research, program design, implementation, and evaluation.

The **Community Injury Prevention Program** consists of two major areas. One area targets the reduction of motor vehicle deaths and the increased use of restraint systems. The other area targets the reduction of residential fire injuries. This program works with state and local governments, health care providers, public and private agencies, and individuals. Field staff serve 43 counties in the Bluegrass, Gateway, Buffalo Trace, Cumberland Valley and Kentucky River Area Development Districts.

The second program in injury prevention is **Kentucky Emergency Medical Services Information System** (KEMSIS), the major source of injury surveillance data for Kentucky.

KEMSIS collected data from 18,643 visits to trauma centers in participating facilities. Presently, data is collected from four reporting sources: death certificates, hospital discharge data, ambulance runs, and emergency department trauma data from 15 participating hospitals.

The **Occupational Injury Prevention Program** has programs for surveillance and interventions targeted at farming injuries, construction industry injuries, occupational burns, and all fatal occupational injuries.

The **Pediatric and Adolescent Injury Prevention Program** participates in reviewing child fatalities and in training paramedics in specialized techniques for pediatric and adolescent patients.

## **Division of Maternal and Child Health (MCH)**

### **Maternal and Family Planning Services Branch**

The Maternal and Family Planning Branch assists women in making family planning choices and maximizes prenatal care to low-income women. The local health departments give direct care while the central office provides training, educational materials, technical and financial assistance, and program planning and evaluation.

The mission of **Maternal and Neonatal** is to reduce maternal and infant mortality and decrease the need for high cost neonatal intensive care by providing access to services. This area oversees comprehensive prenatal services to eligible low-income women by providing outreach and follow-up medical examinations; nursing and nutrition education; preterm birth prevention screening; laboratory, delivery, hospitalization, and social services; and home visits.

Grief counseling is available to any family in the state who has had a child die during the first year of life. Counseling must be offered to all parents who lose an infant due to sudden infant death syndrome. Kentucky's infant mortality rate has steadily declined over the last fifteen years from 12.8 in calendar year 1980 to 7.3 in calendar year 1996.

**Family Planning** oversees family planning services in health departments and other sites to assure that individuals have the information and means to choose the number and spacing of their children. The Family Planning and Population Research Act of 1970

(Title X) authorizes grants for family planning projects with a broad range of acceptable and effective family planning: all FDA-approved family planning methods (including permanent contraceptive methods), infertility services, and services for adolescents. The funds earmarked for family planning provide comprehensive medical, social, and counseling services in all 120 counties throughout 153 clinics, and follow-up for medical problems found through laboratory screening.

## **Pediatric Services Branch**

The Pediatric Services Branch promotes the health of children, particularly those with low income, through the following means: making available high-quality child health services; reducing the incidence of preventable disease, injuries, and disabling conditions; and increasing preventive health services and follow-up diagnosis and treatment for low-income children.

The **Well Child Section** promotes the health of children by administering preventive health services through contracts and grants to local health departments. Services include well-child care with outreach and follow-up to low-income children and high-risk infants, school-based preventive health services, evaluation and treatment for inborn errors of metabolism identified through newborn screening, and newborn screening and follow-up treatment for sickle cell disease.

Through contracts and grants to local health departments the **Specialized Pediatrics Section** promotes the health of children with prevention, diagnosis, and treatment services. Services include the following:

- Diagnosis and treatment for children with chronic illnesses,
- Evaluation for children with possible developmental delays,
- Genetic evaluation and counseling, lead poisoning prevention,
- Childhood injury prevention,
- A birth defects registry,
- Child Fatality Review,
- Participation in the Kentucky Early Intervention System, a federally funded initiative of comprehensive early intervention service for infants and toddlers with developmental delays, and
- A federally funded project to provide training in childhood lead poisoning prevention.

The **Dental Health Section** provides and supports preventive dental methods for the dental and oral health of the citizens of Kentucky. Major effort is directed toward the prevention of dental decay in children and young adults. Dental health achieves its goals through the fluoridation of community and rural school water systems, fluoride mouth rinse for school children and fluoride supplements to preschool children, and health education to all with printed and audiovisual materials. The program also provides direct technical assistance and consultation to health departments in the design, management, and evaluation of dental care.

## **Nutrition Services Branch**

The Nutrition Services Branch administers the Special Supplemental Nutrition Program for **Women, Infants, and Children (WIC)**, and the Maternal and Child Health Nutrition Program. WIC is a federally funded program that provides nutritious foods and education to low-income pregnant breastfeeding and postpartum women, infants, and children who are at nutritional risk and sets standards of care for nutrition services. The program is also responsible for promoting breast-feeding, resulting in 31 percent of low-income women breast-feeding.

The **MCH Nutrition Program** provides medical nutrition therapy to all MCH eligible clients in 112 of 120 counties. Besides providing diet service to patients, MCH nutritionists conduct in-service education for staff. Many of these nutritionists provide community programs such as weight loss classes, cooking classes, and menus for day care centers. The philosophy of the Nutrition Program is to meet the needs of the total community through an emphasis on diet therapy.

The **Food Delivery/Data Section** provides WIC food instruments and data reports for USDA reporting purposes. The section processes and distributes more than four million food instruments each year. Food delivery also provides reports to all WIC sites and other individuals and organizations. Presently, this section assists local WIC sites via telephone and electronic communication. They also provide on-site training.

The **Nutrition Education and Counseling Section** helps WIC participants improve their health status through food selections and eating choices. The primary focus is to educate low-income women, infants, and children who are nutritionally at risk by providing nutrition and breast-feeding information and nutritious foods, and when appropriate, referral for intensive care. Emphasis is placed on basic nutrition information for WIC participants and appropriate referrals to the MCH nutritionists for in-depth medical nutrition therapy in the MCH Nutrition Program. Breast-feeding promotion training is provided for hospitals, physicians, nurses, etc. upon request.

**Program Operations** promotes efficient operation of the WIC Program. The section, which includes three administrators in local health departments, conducts programmatic and administrative evaluations of local agencies' WIC programs; makes recommendations for program improvements; provides technical assistance and area-specific and generalized training for staff; collects and analyzes statistical data and financial data for the contract bank; and processes and tracks approximately 1,400 contracts for program vendors. Staff made 460 site visits in FY 1997.

The **Vendor Management Section** approves vendor applications and provides training to grocers, drug stores who meet the criteria to be authorized WIC vendors. The section also monitors participating groceries to find out if they are overcharging or fraudulently redeeming checks. Vendor management applies sanctions to vendors when abuse is found. During FY 1997, on-site monitoring was conducted in more than half the 1,400 participating groceries.



## **Central Support Branch**

The Central Support Branch provides analytical and administrative support to the division. The branch conducts administrative and financial site visits of health departments; collects and analyzes data to determine the needs of the MCH population; evaluates programs to assess the impact of MCH services; monitors the financial management of the MCH budget including general and federal funds; prepares financial management reports required by federal programs; serves as data coordinator, which entails office automation and computer analysis functions; and conducts general administrative activities for the division.

## **Division of Laboratory Services**

The Division of Laboratory Services makes reliable laboratory facilities available for the protection of health in the Commonwealth. The division achieves this through the following:

1. Providing essential examinations of clinical and environmental specimens as required to support other state programs, sub-programs, and local health department programs, and reference testing not readily available elsewhere for hospitals and practicing physicians;
2. Increasing the effectiveness of laboratory science in improving health status by providing consultation to state and district health programs, practicing physicians, hospitals, medical examiners, coroners and industrial hygienists; and
3. Protecting the health, safety, and welfare of people from the hazards of improper performance by health laboratories.

## **Chemistry Branch**

The Chemistry Branch conducts classical clinical chemistries and newborn screening tests, provides a variety of environmental assays, and provides forensic toxicology and therapeutic drug monitoring. The **Biochemistry Section**, the **Instrumentation Chemistry Section**, **Radiation/Environmental Monitoring Section**, and the **Toxicology Section** are all organized under this branch.

## **Microbiology Branch**

The Microbiology Branch conducts classical public health microbiological testing, including sanitary bacteriology, mycobacteriology, reference diagnostic bacteriology, and virus isolation and identification, as well as immunohematology. Serologic testing for HIV and syphilis, enzyme immunoassay for chlamydia and hepatitis markers, and DNA-probe assay for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Mycobacteria spp* are also in the domain of the branch. It provides reference testing not readily available elsewhere for hospitals and practicing physicians; consultation on microbiological and immunological disease processes

that affect patient management; bench training for laboratories throughout the state. The branch also participates in the sexually transmitted disease workshops for local health department staff. The **Bacteriology and Parasitology**, the **Serology**, and the **Virology and Fluorescence Microscopy Sections** are organized under this branch.

### **Technical and Administrative Services Branch**

This branch consists of three sections that provide essential services to the Division of Laboratory Services and to local health departments throughout the Commonwealth.

**The Administrative Services Section** is responsible for data management and reports, data entry, issuing hard-copy reports of laboratory results, and receiving and responding to inquiries concerning the status of laboratory reports. The section is also responsible for budget preparation and monitoring, cost accounting and preparing workload summaries, inventory control, and purchasing.

**The Laboratory Improvement Section** conducts a prenatal syphilis serology proficiency testing program and certifies laboratories who perform prenatal syphilis serology tests. This section also monitors over 250 health department sites for compliance with the Clinical Laboratory Improvement Amendments of 1988. Division of Laboratory Services staff act as laboratory director and technical consultants so that local health departments will meet CLIA '88 personnel requirements. The section provides on-site consultation, training, and proficiency testing to local health department laboratories to verify their compliance with regulatory standards, to ensure uniformity of testing, and to monitor performance.

**The Technical Services Section** provides laboratory support services, including specimen receipt and distribution, glassware preparation, waste collection and decontamination, media and reagent preparation, and container preparation and distribution. In support of the **Milk Control Branch**, the section provides a proficiency testing program for grade A dairy laboratories. In addition, the section prepares and distributes Lowenstein-Jensen media for the Louisville-Jefferson County Health Department.

## **Division of Environmental Health and Community Safety**

The mission of the Division of Environmental Health and Community Safety is to reduce personal injury, disease, and death from unsafe consumer products, devices, and controlled substances; reduce unnecessary radiation exposure; prevent adulteration, misbranding and false advertising of food and food products; and prevent the transmission of disease in public facilities.

Personnel within the division office coordinate computer and data support for the division. A Local Area Network (LAN) increases productivity in collecting data, conducting analyses, and generating reports. The network now supports 52 workstations and nine laser printers.

## **Radiation Health and Toxic Agents Branch**

The Radiation Health and Toxic Agents Branch ensures the beneficial use of radiation, protects the public from unnecessary exposure to the harmful effects of radiation, and protects the citizens in the nine county areas surrounding the Bluegrass Army Depot from the impacts of chemical warfare agents.

Radiation Health is responsible for licensure, registration, and certification of all uses of radiation. The program conducts inspections and environmental surveillance, manages compliance activities, and is responsible for statewide emergency response to radiological incidents. The Radiation Health Program undertakes activities related to microwave ovens and video display terminals, and collects information on nonionizing radiation, such as laser and high tension electrical lines. The U.S. Department of Energy provides an on-going grant for evaluating the impact of ionizing radiation on public health and safety as related to the Paducah Gaseous Diffusion Plant.

The **Radioactive Materials Section** inspects and licenses approximately 403 specific licenses issued to users of radioactive materials in the fields of medicine, industry, research, and academia. In addition, the section has issued 21 *in vitro/in vivo* general licenses and 164 other general licenses. The section also assists the program manager when radioactive materials and waste are being transported in and through the state and responds to radiological emergencies 24 hours a day.

The **Radiation Producing Machine Section** inspects and registers 3,249 facilities that use radiation producing machines. The section also issues certificates and inspects approximately 4,953 operators of sources of radiation to ensure compliance with existing statutes and regulations. It annually inspects schools of radiologic technology, provides home study course material to approximately 125 qualified individuals, and coordinates continuing education credit hours as a prerequisite to re-certification. The section inspects 160 mammography facilities to assure they meet the requirements of the Mammography Quality Standards Act of 1992.

The **Radiation Health Program** has technical responsibility for the Radiation/Environmental Monitoring Section program, while administrative responsibility lies with the **Division of Laboratory Services**. Radiation health provides technical oversight to ensure the Radiation/Environmental Monitoring Section conducts a verifiable statewide environmental monitoring program. The section annually conducts approximately 15,000 environmental analyses and quality control checks for radiation in all media. So that the Radiation Health Program can determine the impacts of ionizing radiation on health and safety and the environment, the Radiation/Environmental Monitoring Section analyzes samples from and surrounding the defunct Maxey Flats Disposal Site and the Paducah Gaseous Diffusion Plant. The laboratory also conducts analyses of various media, such as radio nuclides in drinking water, to evaluate impacts on health and safety.

The **Toxic Agents Program** ensures the medical preparedness of the nine counties surrounding the Bluegrass Army Depot in Richmond. A federal grant from the U.S. Army funds the Chemical Stockpile Emergency Preparedness Program. The Toxic Agents Program ensures that the nine counties have emergency plans for medical preparedness. They include a mechanism for training of medical and emergency medical personnel within the counties and resources for antidotal drugs, supplies, and equipment. The Toxic Agents Program is evaluating the necessary mechanism for reentry into the area after release of chemical warfare agents from the storage area.

### **Drug Enforcement Branch**

The Drug Enforcement Branch administers and enforces the Kentucky Controlled Substances Act, the drug and device portions of the Kentucky Food, Drug and Cosmetic Act, the use of the title "Doctor" or "Dr.," and the treatment-of-cancer law. In addition, the branch provides technical and professional expertise to professional licensing boards, local health departments, and law enforcement agencies that enforce controlled substances laws. The Drug Enforcement Branch does not duplicate the work of any other state, local or federal agency. Services are provided directly to and for Kentuckians, but the branch also supplements the efforts of other agencies.

### **Milk Safety Branch**

The Milk Safety Branch prevents adulteration, misbranding, and false advertising of milk and milk products and protects the public from disease transmission through milk products. The branch oversees inspections of dairy farms, dairy plants, and dairy processors. It is also concerned with the development of product standards of identity and legal labeling of all dairy products mandated by the Food and Drug Administration.

### **Food Safety Branch**

The Food Safety Branch prohibits the sale of adulterated, misbranded, or falsely advertised foods and food products and eliminates unsanitary conditions in tattoo studios and boarding homes. The branch provides planning, monitoring, training, and evaluation services to health department food, tattoo studio, and boarding home surveillance programs. Interpretation, consultation, standardization of inspections, and program evaluation are provided to health departments who issue permits to operate, provide inspections, and carry-out enforcement procedures. Investigation samples are collected from food service establishments, retail food stores, vending machine companies, food manufacturing and storage plants, and from the state's raw agricultural producers for pesticide residues. The branch provides annual core training and on-the-job training. It maintains standards of identity for various standardized foods and sets acceptable compliance levels for all food establishments in the state.

### **Environmental Management Branch**

The mission of the Environmental Management Branch is to prevent disease and eliminate existing unsanitary conditions and safety hazards in public facilities and the individual's personal environment. The branch performs the following functions:

- establishes sanitary standards of operation,
- issues permits to operate public facilities and to construct on-site sewage disposal systems and septage treatment sites,
- trains and certifies on-site sewage disposal system inspectors,
- certifies training and service providers regarding lead abatement and onsite system installers,
- conducts review and approval of construction plans for onsite sewage components and public swimming and bathing facilities,
- conducts product safety programs on consumer products, conducts and coordinates radon mitigation training and public education programs, and
- evaluates local health department programs. Resources are directed primarily at providing training and technical assistance to local health departments.

## SIX

### DIRECTORY OF THE DEPARTMENT FOR PUBLIC HEALTH

June 1997

| <u>Division/Branch/Section</u>                           | <u>Name</u>            | <u>Telephone</u><br>(502) 564- 4-digit # |
|--|------------------------|--|
| <b>Commissioner's Office</b>                             |                        |  |
| Commissioner   | Rice C. Leach, M.D.    | 3970                                     |
| Deputy Commissioner                                      | Sharon Stumbo          | 3970                                     |
| Director of Nursing                                      | Viola Brown            | 3970                                     |
| Legislative Liaison                                      | Dee Swain              | 3970                                     |
| Principal Assistant                                      | Sylvia Cherry          | 3970                                     |
| <b>Division of State and Local Health Administration</b> |                        |  |
| Division Director  | Patrick Rickard.       | 4990                                     |
| Asst. Division Director                                  | Suann Hudson           | 4990                                     |
| State Budget & Fiscal Planning Br<br>(acting)            | 4990                   | Suann Hudson                             |
| Administrative Branch                                    | Mark Yancey            | 4990                                     |
| Local Budget & Fiscal Planning Br                        |                        | Gary Grubbs                              |
|  | 6663                   |  |
| County Health Acct. Section                              | George Cook            | 6663                                     |
| Local Fiscal Planning Section                            | Paul Deaton            | 6663                                     |
| Third Party Reimbursement Sect                           |                        | Steve                                    |
| Pennington   | 6663                   |  |
| Local Program Support Branch                             | Lynn Owens             | 7213                                     |
| Clinical Systems Support Sect                            | Sue Tutt               | 7213                                     |
| Environmental Syst. Support                              | Sam Burnett            | 3127                                     |
| Training and Development Branch                          |                        | Patrick                                  |
| Rickard (acting)   | 7213                   |  |
| Home Care Administrative Branch                          |                        | Neena                                    |
| Pennington   | 5371                   |  |
| Local Health Merit System Branch                         |                        | Robert Nelson                            |
|  | 3796                   |  |
| Vital Statistics Branch                                  | Barbara White          | 4212                                     |
| Registration Section                                     | Barbara White (acting) | 4212                                     |
| Field Services Section                                   | Barbara White (acting) | 4212                                     |
| Certification Section                                    | Elizabeth Browning     | 4212                                     |
| <b>Division of Health Systems Development</b>            |                        |  |
| Division Director  | Sharon Stumbo (acting) | 3970                                     |

|                             |                  |      |
|-----------------------------|------------------|------|
| Health Data Branch          | George Robertson | 2757 |
| Primary Care Branch         | Danise Newton    | 8966 |
| Emergency Med. Serv. Branch | Bob Calhoun      | 8963 |
| Policy & Analysis Branch    | Charles Kendell  | 9592 |

| <u>Division/Branch/Section</u> | <u>Name</u> | <u>Telephone</u><br>(502) 564- 4-digit # |
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### **Division of Epidemiology**

|                                   |                                      |      |
|-----------------------------------|--------------------------------------|------|
| Division Director                 | (vacant)                             | 7243 |
| Asst. Division Director           | Joyce Bothe                          | 7243 |
| Adult Health Branch               | Greg Lawther                         | 7996 |
| Administration                    | Lois Robinson                        | 7996 |
| Clinical Services/Prof. Education | Paula Alexander                      | 7996 |
| Community Health Prom./Educ.      | Carol Forbes                         | 7996 |
| Surveillance/Evaluation           | Mark Fazey                           | 7996 |
| Communicable Disease Branch       | Clarkson Palmer, M.D.                | 3261 |
| Immunization Section              | (vacant)                             | 4478 |
| STD/HIV Counseling Sec            | David Raines                         | 4804 |
| Tuberculosis Section              | Gene Simmons                         | 4276 |
| Health Data Branch                | George Robertson                     | 2757 |
| HIV/AIDS Branch                   | Jamie Rittenhouse                    | 6539 |
| Counseling and Testing            | David Raines                         | 4804 |
| Prevention                        | Holly Rogers                         | 6539 |
| Services                          | Anna Mayne                           | 6539 |
| Professional Education            | Janet English                        | 6539 |
| Surveillance                      | Mollie Adkins                        | 6539 |
| Surveillance & Investigation Br   | Mike Auslander, D.V.M.               | 3418 |
| Injury Prevention                 | Carl Spurlock, Ph.D.<br>606-257-4954 | UKY  |
| Public Health Veterinarian        | Mike Auslander, D.V.M                | 3418 |

### **Division of Maternal and Child Health (MCH)**

|                              |                                |      |
|------------------------------|--------------------------------|------|
| Division Director            | Steve Davis, M.D.              | 4830 |
| Assistant Division Directors | Lynne Flynn &<br>Marvin Miller | 4830 |
| Clinical Health Branch       | Ann Tarter (acting)            | 3527 |
| Adult Clinical Section       |                                | 3527 |
| Pediatric Clinical Section   |                                | 3236 |
| Nutrition Services Branch    | Fran Hawkins                   | 3827 |
| Food Delivery/Data Section   | Joe Greenwell                  | 2514 |
| Clinical Nutrition Section   | Karen Gooch                    | 2339 |

|                                 |               |      |
|---------------------------------|---------------|------|
| Program Operations Section      | Janet Johnson | 3869 |
| Vendor Management Section       | Fran Hawkins  | 4953 |
| Community Health Branch         | Greg Lawther  | 7996 |
| Emergency Med. Service (EMS) Br | Bob Calhoun   | 8963 |

| <u>Division/Branch/Section</u> | <u>Name</u> | <u>Telephone</u><br>(502) 564- 4-digit # |
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### **Division of Laboratory Services**

|                                   |                         |      |
|-----------------------------------|-------------------------|------|
| Division Director                 | Thomas Maxson, Dr.PH.   | 4446 |
| Chemistry Branch                  |                         |      |
| Biochemistry Section              | (vacant)                | 4446 |
| Instrumentation Chemistry Sect    | Margaret Porter         | 4446 |
| Radiation/Environ. Monitoring     | Mary Todd               | 8390 |
| Toxicology Section                | Glenn Murphy            | 4446 |
| Microbiology Branch               | Samuel Gregorio, Dr.PH. | 4446 |
| Bacteriology & Parasitology Sect  | Norma Carlin            | 4446 |
| Serology Section                  | Brenda Shipp            | 4446 |
| Virology & Fluoresc. Micro. Sect. | Diane Young             | 4446 |
| Technical & Adm. Services Branch  | Cathy Higginbotham      | 4446 |
| Administrative Services Section   | Jeanette Wilhoite       | 4446 |
| Laboratory Improvement Section    | Donna Clinkenbeard      | 4446 |
| Technical Services Section        | William Black           | 4446 |

### **Division of Environmental Health and Community Safety**

|                                    |                   |      |
|------------------------------------|-------------------|------|
| Division Director                  | David Klee, R.S.  | 7398 |
| Assistant Division Director        | Mark Hooks, R.S   | 7398 |
| Environmental Mgt InfoSystems      | Judy Smith        | 3084 |
| Radiation Health & Toxic Agents Br | John Volpe, Ph.D. | 3700 |
| Radioactive Materials Section      | Vicki Jeffs       | 3700 |
| Radiation Produc. Machine          | Dewey Crawford    | 3700 |
| Drug Enforcement Branch            | Edward Crews      | 7985 |
| Milk Safety Branch                 | Morris Strevels   | 3340 |
| Food Safety Branch                 | John Draper       | 7181 |
| Environmental Mgt Br               | David Nichols     | 4856 |

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